



## **CREDENTIALING SPECIALIST**

### **(HEALTH INSURANCE BENEFITS SPECIALIST 2)**

**Opens:** May 8, 2006

**Closes:** Open Until Filled—early application encouraged.

**Salary:** \$2,801 - \$3,557 (Range 41 + 10% assignment pay)

**LOCATION:** There are **two permanent full-time openings** at the Health Care Authority's Uniform Medical Plan (UMP) office in Downtown Seattle. These are overtime-eligible positions that are not covered by a union bargaining agreement.

**WHO MAY APPLY:** This recruitment is open to anyone who meets the **SPECIAL REQUIREMENTS**.

**DUTIES:** Review and analyze provider applications and addendums in order to determine which providers meet UMP credentialing requirements. Apply UMP credentialing criteria appropriately to new applicants and re-credentialed providers. This includes determining which providers to assign network provider status, which provider applications to submit to Medical Director for review, and which providers to terminate/deny from network participation. Independently handle calls from providers to explain contracting and credentialing process, status, and fee schedules. Accurately add new providers, enter changes and terminations to the UMP provider database. Coordinate credentialing processes which includes providing updates to vendors and maintaining oversight of accuracy of provider data. Report network provider changes to claim office technical staff. Prepare files for presentation to the Medical Director and Credentialing Committee by writing a medical review summary report of adverse issues and which credentialing criteria they are not meeting. Make oral presentations to the Credentialing Committee on providers and recommended changes to credentialing criteria.

**SPECIAL REQUIREMENTS:** One or more years experience credentialing professional providers within a health care organization. Please describe how you meet this requirement in the employment history of your application form.

#### **DESIRABLE QUALIFICATIONS:**

- A Bachelor's degree and one year of experience providing direct client services or counseling of customers in the areas of deferred compensation, health insurance, retirement, unemployment, disability, or other related employee benefits programs. **Additional years of experience will substitute, year for year, for education.**
- **Communication/Customer service skills:** Effectively communicates orally and in writing with staff, providers and vendors. Provide service in a prompt and friendly manner with clear and accurate information to requests and inquiries.
- **Program/Software Knowledge:** Demonstrate intermediate proficiency in MS ACCESS (including ability to edit records, run queries and reports, export data to EXCEL and other programs);

#### **WILLINGNESS AND ABILITY TO:**

- Work in a high-pressure, production environment
- Ability to multitask and meet deadlines.
- Work well with others to achieve a common end or purpose.
- Analyze and process work independently with little supervision
- Work Monday through Friday, five days a week during regular business hours.
- Remain at a computer at times up to 80% of the workday in an office setting.
- Work with difficult people
- Maintain the highest level of confidentiality at all times.

**Application Process:**

**Candidates may apply by submitting the following packet of information:**

1. A completed Washington State application form available at: <http://www.dop.wa.gov/Resources/Forms/> addressing the SPECIAL REQUIREMENTS and DESIRABLE QUALIFICATIONS;
2. A minimum of three employment references, two supervisors and peer or co-worker;
3. The reference authorization form.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	<b>Please use:</b> <b><u>Credentialing Specialist</u> in the</b> <b>subject line</b>  <a href="mailto:hrrmb@hca.wa.gov">hrrmb@hca.wa.gov</a>  Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734  TTY: (360) 923-2703

**REFERENCE AUTHORIZATION FORM**

To Whom It May Concern:

I, \_\_\_\_\_, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date \_\_\_\_\_ Printed name of applicant \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ WAMSS ☐

NOTE: A photocopy of this information shall be as valid as the original